

sabotage equivalent to that which would be provided by the regulation.

Accordingly, the Commission has determined that, pursuant to 10 CFR 73.5, an exemption is authorized by law, will not endanger life or property or common defense and security, and is otherwise in the public interest. Therefore, the Commission hereby grants North Atlantic Energy Service Corporation an exemption from the requirement of 10 CFR 73.55(d)(5) relating to the returning of picture badges upon exit from the protected area such that individuals who are authorized unescorted access into the protected area but who are not employed by North Atlantic, can take their badges from the protected area.

Pursuant to 10 CFR 51.32, the Commission has determined that the granting of this exemption will not result in any significant adverse environmental impact (60 FR 30118).

This exemption is effective upon issuance.

Dated at Rockville, Maryland this 14th day of June 1995.

For the Nuclear Regulatory Commission.

**Steven A. Varga,**

*Director, Division of Reactor Projects—I/II,  
Office of Nuclear Reactor Regulation.*

[FR Doc. 95-15139 Filed 6-20-95; 8:45 am]

BILLING CODE 7590-01-M

#### [Docket No. 40-0299]

#### **Receipt of Application From Umetco Minerals Corporation To Amend License Condition 59 of Source Material License SUA-648**

**AGENCY:** Nuclear Regulatory Commission.

**ACTION:** Notice of licensee request to amend source material license.

**SUMMARY:** Notice is hereby given that the U.S. Nuclear Regulatory Commission (the Commission) has received, by letter dated April 21, 1995, an application from Umetco Minerals Corporation (Umetco) to amend License Condition (LC) 59 of Source Material License No. SUA-648.

The license amendment application proposes to modify LC 59 to change the completion dates for four site-reclamation milestones. The new dates proposed by Umetco would extend completion of (1) placement of final radon barrier on the A-9 Impoundment by one year, and (2) placement of erosion protection on the Inactive Impoundment, the A-9 Impoundment, and the Heap Leach Impoundment by one year.

**FOR FURTHER INFORMATION CONTACT:**

Mohammad W. Haque, High-Level Waste and Uranium Recovery Projects Branch, Division of Waste Management, U.S. Nuclear Regulatory Commission, Washington, DC 20555. Telephone (301) 415-6640.

**SUPPLEMENTARY INFORMATION:** The portions of LC 59 with the proposed changes would read as follows:

A. (3) Placement of final radon barrier designed and constructed to limit radon emissions to an average flux of no more than 20 pCi/m<sup>2</sup>/s above background:

For the A-9 Impoundment—  
December 31, 1996.

B. (1) Placement of erosion protection as part of reclamation to comply with Criterion 6 of 10 CFR Part 40:

For the Inactive Impoundment—

December 31, 1997.

For the A-9 Impoundment—December 31, 1997.

For the Heap Leach Impoundment—  
December 31, 1997.

Umetco's application to amend LC 59 of Source Material License SUA-648, which describes the proposed changes to the license condition and the reason for the request is being made available for public inspection at the Commission's Public Document Room at 2120 L Street, NW. (Lower Level), Washington, DC 20555. The licensee and any person whose interest may be affected by the issuance of this license amendment may file a request for hearing. A request for hearing must be filed with the Office of the Secretary, U.S. Nuclear Regulatory Commission, Washington, DC 20555, within 30 days of the publication of this notice in the **Federal Register**; be served on the NRC staff (Executive Director for Operations, One White Flint North, 11555 Rockville Pike, Rockville, MD 20852); be served on the licensee (Umetco Minerals Corporation, P.O. Box 1029, Grand Junction, Colorado 81502); and must comply with the requirements set forth in the Commission's regulations, 10 CFR 2.105 and 2.714. The request for hearing must set forth with particularity the interest of the petitioner in the proceedings and how that interest may be affected by the results of the proceedings, including the reasons why the request should be granted, with particular reference to the following factors:

1. The nature of the petitioner's right under the Atomic Energy Act, to be made a party to the proceedings;
2. The nature and extent of the petitioner's property, financial or other interest in the proceedings; and
3. The possible effect on the petitioner's interest, of any order which may be entered in the proceedings.

The request must also set forth the specific aspect or aspects of the subject matter of the proceeding as to which petitioner wishes a hearing.

Dated at Rockville, Maryland, this 14th day of June 1995.

**John O. Thoma,**

*Acting Chief, High-Level Waste and Uranium Recovery Projects Branch, Division of Waste Management, Office of Nuclear Material Safety and Safeguards.*

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#### **PHYSICIAN PAYMENT REVIEW COMMISSION**

##### **Request for Proposals**

**AGENCY:** Physician Payment Review Commission.

**ACTION:** Notice.

The Physician Payment Review Commission is soliciting proposals to conduct a telephone interview of Medicare beneficiaries who are either enrolled in or disenrolled from a Medicare managed care plan. The survey's purpose is to gather information about these beneficiaries' experiences with Medicare managed care, particularly on beneficiary access to care. This notice describes the application procedures, general policy considerations, and criteria to be used in reviewing applications for prospective grants and contracts submitted to the Commission.

##### **Background on the Commission**

The Physician Payment Review Commission was established in 1986 (P.L. 99-272) to advise the U.S. Congress on physician payment policy under Part B of the Medicare program, and its mandate was later expanded to include consideration of a broader set of interrelated policies affecting the financing, quality, and delivery of health services. The 13-member Commission brings together the perspectives of physicians and other health professionals, consumers and the elderly, purchasers, managed care organizations, and experts in health services and health economics research. The Commission maintains a multidisciplinary staff that conducts and manages all the analytical work that supports its recommendations to the Congress.

The Commission submits an annual report to the Congress on March 31. It also submits a series of reports in May of each year concerning Medicare expenditures and fee updates, access to care, the financial liability of Medicare

beneficiaries, and comments on the President's budget. The Commission has published analyses and recommendations relevant to this solicitation on topics such as ensuring access to care for vulnerable populations, approaches to health plan quality assurance, and improving Medicare risk program payment policy.

#### Description of Proposal Topic

Although beneficiary enrollment currently remains low, managed care is expected to play an increasingly large role in the future of the Medicare program. In response to this expectation, the Commission has begun to develop an approach for evaluating Medicare managed care enrollees' access to care as a component of its ongoing work in monitoring access for beneficiaries generally. Sources of information for use in monitoring Medicare managed care enrollees' access to care are currently limited, however. Encounter data are unavailable, for example. Also, the Medicare Current Beneficiary Survey (MCBS), which provides information about beneficiary experience in obtaining care, is not a useful source of information on beneficiaries enrolled in managed care plans because the number of enrollees in its sample is small and geographically clustered.

Because existing data for monitoring access for this population are insufficient, the Commission seeks to develop, test, and field a questionnaire for use in surveying Medicare beneficiaries who are either enrolled in or disenrolled from Medicare managed care plans. This survey would be used to obtain information about Medicare beneficiaries' experiences with managed care plans, and how those experiences affect their access to care. The managed care experiences of certain vulnerable subgroups of the beneficiary population may be analyzed and compared to those of the general beneficiary population. The survey instrument would use some questions from the MCBS to permit comparisons with beneficiaries in the fee-for-service sector, and would also adapt or develop other questions more appropriate to managed care. The survey results would provide information about beneficiary experience with managed care plans that could potentially be used as a baseline for comparison with the results of future studies. The information is expected to be used by the Commission to help assess the effects of potential health policy initiatives and to formulate policy recommendations. Also, the Commission expects that the survey will yield experience relevant to

the design of future Medicare beneficiary surveys for the collection of information specific to Medicare managed care enrollees.

In particular, the Commission seeks to gain insight into Medicare managed care enrollee and disenrollee experiences with or perception of the following:

- access to care, including the timely availability of needed services, experience in obtaining a primary care physician upon enrollment and in cases where a physician leaves the plan, ability to find a physician, waiting times for appointments, travel distance to provider, barriers to care, and adequacy of access to specialists, as well as the perceived impact of supplemental benefits provided by the plan and of case management or disease management programs provided;
  - utilization of services, including preventive care, acute care, home health care, rehabilitation care, reasons for and experience with out-of-plan service utilization, and experience in obtaining costly or experimental services in circumstances in which they might be indicated;
  - level of satisfaction with various aspects of managed care experiences, including access to care, quality of care, care management or coordination efforts, choice of providers, and financial liability;
  - degree of awareness and understanding of managed care plan arrangements, including incentives, service arrangements, restrictions on or consequences of out-of-plan service use, and enrollees' rights and responsibilities;
  - aspects of managed care plan enrollment that bear on access to care, such as sources of beneficiary information on enrollment and options, and experience with the enrollment process;
  - primary and contributing reasons for continuing enrollment and, where applicable, disenrollment; and
  - nature and extent of any problems with discontinuity of care when switching to or from a managed care plan, including experiences with obtaining or retaining supplemental insurance and with changing providers.
- As a component of the survey analysis, the Commission seeks to identify characteristics of beneficiaries and of managed care plans that affect beneficiary experience with access to care. To that end, the survey questionnaire should include background questions on relevant characteristics of beneficiaries who have experience in a managed care plan and relevant characteristics of the plans they have enrolled in or disenrolled from.

The sample size will be determined by technical feasibility and resource constraints. Projects should be bid at the sample size that the Offeror believes to be appropriate. For comparability purposes, a budget based on a simple size of 2,000 should be included in the Offeror's business proposal. The Commission is exempt from Office of Management and Budget regulations regarding the clearance of forms and survey instruments.

The contractor will perform the following tasks:

1. Conduct a review of relevant survey or other research findings.
2. Refine survey topics, including suggesting additional survey topics to meet the Commission's needs, develop the survey instrument in consultation with Commission staff, and pilot test the full instrument.
3. Determine the appropriate sampling design and sample size, and select a random sample of Medicare beneficiaries who are either enrolled in or disenrolled from a Medicare managed care plan.
4. Conduct the telephone interviews.
5. Deliver to the Commission a documented, cleaned, computer data file of the responses by July 15, 1996.
6. Deliver a draft report of the methodology and results of the survey to the Commission by August 5, 1996.
7. Deliver to the Commission the final written report of the survey's methodology and results by September 2, 1996.

The Commission plans to award a contract in September 1995.

#### Formal Proposals

Proposals must conform to the requirements specified in the Commission's formal Request for Proposals, which will be made available to applicants on June 29, 1995. The following provides an outline of what should be contained in the formal proposal:

1. Suggestions for additional topic areas to meet the Commission's needs (described more fully in the Request for Proposals) and examples of questions to address specific topics of interest.
2. Plans for developing and testing the survey instrument, including the use and adaptation of previously validated questions where applicable, and discussion of the types of questions from the MCBS that would be most appropriate and useful in obtaining comparability of relevant survey results.
3. Plans for determining the appropriate sampling design and sample size, and for obtaining a random sample of beneficiaries who are either enrolled or disenrolled from a Medicare managed

care plan. Plans for oversampling certain groups thought to be vulnerable to access problems should be included. The Commission will provide a data set of beneficiaries and relevant characteristics for sample generation.

4. Methods to be used to obtain an adequate response rate.

5. Detailed description of how the interviews will be carried out, including the training of interviewers, and method to achieve reliable results.

6. Analysis plan.

7. Discussion of problems that may be encountered and strategies for resolving them.

8. Work plan including description of tasks, time schedule, level of effort for key individuals, and the number of days devoted to each task.

9. Description of the organizational experience and resources and the qualifications of key project staff, demonstrating their understanding of the Medicare program and managed care, experience with the design and conduct of telephone interview surveys of Medicare beneficiaries or the elderly, and the ability to complete successfully the preceding tasks.

10. Detailed budget providing justifications and explanations for amounts required for each task of the project.

#### Review of Proposals

Proposals will be reviewed by a panel composed of at least three individuals, at least one of whom will not be affiliated with the Commission. Reviewers will score applications and make recommendations based on the criteria published in the Commission's Request for Proposals, Part IV, Section M, "Technical Evaluation and Criteria for Award."

#### General Information

##### Authority

The Commission's authority for making these awards is based on Section 1845(c)(2)(B) of the Social Security Act (42 U.S.C. Section 1359w-1).

##### Regulations

General policies and procedures that govern the administration of contracts and grants are located in Title 45 of the CFR parts 74 and 92. Applicants are urged to review the requirements contained in those regulations.

##### Submission Address

Physician Payment Review Commission, 2120 L Street NW, Suite 200, Washington, DC 205037.

#### Submission Deadline

In order to be considered under this Request for Proposals, complete proposals must be received in the Commission's office no later than close of business, Friday, July 28, 1995.

#### Obligation

This solicitation in no way obligates the Commission to fund any applicant.

#### Date:

June 15, 1995.

#### Contact:

Elizabeth Docteur, Analyst, Physician Payment Review Commission, 2120 L Street NW., Suite 200, Washington, DC 20037, (202) 653-7220.

**Lauren B. LeRoy,**

*Acting Executive Director.*

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#### SECURITIES AND EXCHANGE COMMISSION

[Investment Company Act Release No. 21138; 811-5389]

#### The American Express Funds; Notice of Application for Deregistration

June 15, 1995.

**AGENCY:** Securities and Exchange Commission ("SEC").

**ACTION:** Notice of Application for Deregistration under the Investment Company Act of 1940 (the "Act").

**APPLICANT:** The American Express Funds.

**RELEVANT ACT SECTION:** Order requested under section 8(f).

**SUMMARY OF APPLICATION:** Application seeks an order declaring it has ceased to be an investment company.

**FILING DATES:** The application was filed on May 23, 1995.

**HEARING OR NOTIFICATION OF HEARING:** An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicant with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on July 10, 1995, and should be accompanied by proof of service on the applicant, in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons may request notification of a hearing by writing to the SEC's Secretary.

**ADDRESSES:** Secretary, SEC, 450 Fifth Street, NW., Washington, DC 20549. Applicant, American Express Tower, World Financial Center, New York, New York 10285-3400.

#### FOR FURTHER INFORMATION CONTACT:

Marianne H. Khawly, Staff Attorney, at (202) 942-0562, or H.R. Hallock, Special Counsel, at (202) 942-0564 (Division of Investment Management, Office of Investment Company Regulation).

**SUPPLEMENTARY INFORMATION:** The following is a summary of the application. The complete application may be obtained for a fee from the SEC's Public Reference Branch.

#### Applicant's Representations

1. Applicant is a diversified, open-end, registered investment company organized as a Massachusetts's business trust. On November 12, 1987, applicant filed a Notification of Registration on Form N-8A pursuant to section 8(a) of the Act and a registration statement was declared effective on April 7, 1988 and applicant's initial public offering commenced shortly thereafter.

2. Applicant consists of nine separate series: American Express Money Market Fund ("Money Market Fund"); American Express Corporate Bond Fund ("Corporate Bond Fund"); American Express U.S. Government Income Fund ("U.S. Government Income Fund"); American Express Equity Growth Fund ("Equity Growth Fund"); American Express Equity Value Fund ("Equity Value Fund"); American Express Tax-Free Money Market Fund ("Tax-Free Money Market Fund"); American Express Tax-Free Municipal Bond Fund ("Tax-Free Municipal Bond Fund"); American Express Intermediate Term Bond Fund ("Intermediate Term Bond Fund"); and American Express International Equity Fund ("International Equity Fund") (collectively, the "Funds").

3. On November 1, 1991, applicant's Board of Trustees (the "Board") approved a reorganization plan whereby all or substantially all of the assets of each series of applicant would be exchanged for shares of beneficial interest of corresponding series of The Dreyfus/Laurel Funds Trust, The Dreyfus/Laurel Investment Series, and the Dreyfus/Laurel Tax-Free Municipal Funds (collectively, the "Acquiring Funds").

4. Based on a study conducted by the applicant's investment manager, American Express Service Corporation ("American Express"), and American Express Travel Related Services Company, Inc. ("TRS"), the parent of American Express, the Board concluded